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Document Modification Request

Print or Type All Information (Except Signatures). Process procedures in accordance with 1-A01-FROC DEV-400, Procedure Process

25.DMR. No.

96-DMR-RMRS-0099

Originator

1. Name/Phone/Page/Location STEPHEN M. NESTA			2. Date 10/21/96		
3. Existing Document Number/Revision EPM/END-RPT.001 REV. 0			4. Document Type <input type="checkbox"/> Procedure <input checked="" type="checkbox"/> Plan <input type="checkbox"/> Other		
5. Document Title RFP FY93 SYSTEMS ENGINEERING ANALYSIS FACILITY/LAND USE COMPONENT					
6. Item	7. Page	8. Step	9. Proposed Modifications		
			CANCEL THIS DOCUMENT		
10a. Justification (Reason for Modification, EJO#, TP#, etc.)					
No longer needed under current scope.					

Originator's Supervisor

Haran North

11. <input checked="" type="checkbox"/> Process (print/sign/date) <input type="checkbox"/> Do not Process (state reason in block 10a)					
12. <input checked="" type="checkbox"/> Process (Complete Blocks 13-22) (print/sign/date) <input type="checkbox"/> Do not Process (state reason in block 10a) NA				13. New Document/ Rev. No. (if new or changed) n/a	
Complete either Section 14a. or 14b., as applicable 14a. Type of Complete Modification <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> One-Time-Use <input checked="" type="checkbox"/> Cancellation		For procedures, attach completed Procedure Modification worksheet from 1-A01-PROC DEV-400. 14b. Changes: (check all that apply.) <input type="checkbox"/> Intent Change <input type="checkbox"/> Nonintent Change <input type="checkbox"/> Editorial Correction <input type="checkbox"/> Regular <input type="checkbox"/> Interim Approval Requested - Needed for immediate Use (14 day limit for obtaining final approval)		Additional Attributes: <input type="checkbox"/> Temporary <input type="checkbox"/> One-Time-Use <input type="checkbox"/> Limited Distribution	
15. ERM Change Control Board Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Applicable only to new procedures, revisions, or intent changes.)					
List the reviewing disciplines in Block 16. After concurrence has been obtained (in accordance with 1-A01-PROC DEV-400), enter the name of the reviewer followed by / s / in block 17. If the reviewer indicates No Comments, the review signature constitutes concurrence. Enter the date concurrence is obtained in block 18.					
16. Organization	17. Reviewer/Concuror	18. Date	16a. Organization	17a. Reviewer/Concuror	18a. Date
NA					
19. Assigned SME/Phone/Page/Location Same as 1.		20. Cost Center NA	21. Charge Number NA	22. Requested Completion Date NA	
23. Prescreen/Screen/USDQ Number NA		24. Independent Safety Review Meeting and Date NA			
26. After obtaining ALL required signatures: Responsible Manager's Approval (print/sign/date) Same as Originator's Supv.					
27. Effective Date					

ADMIN RECORD

A-SW-002323